

# **2<sup>nd</sup> Annual West Virginia Workers' Compensation Educational Conference**

## **Cases for Panel Discussion**



# Case #1

- 34 year-old roofer falls 15 feet from ladder at construction job and injures right hand and wrist.
- Patient evaluated at ER and X-ray shows displaced Colles' fracture but is intact neurovascularly with no other abnormalities.
- Employer policy requires injured workers to have drug screen at time of injury at which time injured worker tests positive for marijuana metabolites in the urine.
- Forearm placed in temporary splint and patient is referred to orthopedist on call that day.

# Case #1 Questions and Discussion

- How does the result of testing for illicit drugs affect the disposition of this claim?
- On the following day the patient is seen by the orthopedist and has a closed reduction of the fracture with a cast placed on the arm. At the time of the visit the patient complains that the thumb and index finger feel numb. What is our concern?
- The patient has a normal recovery but is left with loss of strength and ROM in the wrist. Ten months later the patient goes to the same orthopedist with a complaint of tingling and numbness in the right hand. A CTS claim is filed.



# Case #2

- 52 year-old male worker transfers from rolling mill foreman to machine shop due to company layoffs.
- Worker had 6 yrs experience in the machine shop during early yrs of employment.
- 5 wks into this job, develops a rash on legs and hands and shortness of breath, which is worse while at work.
- Worker is non-smoker with second hand exposure in home.

# Case #2 Questions and Discussion

- Is this injury or disease?
- Are the skin and pulmonary complaints related?
- If the patient is diagnosed with asthma can he work safely in that workplace?
- What about using IMEs in managing this claim?

# Case #3

- 30 year-old female clerical assistant visits occupational clinic complaining of worsening back pain caused by injury from chair suddenly dropping several inches while sitting in it 2 wks earlier. No severe symptoms at that time but now requesting MRI.
- Prior injuries include:
  - Work related injury 9 yrs ago with “bulged” discs at L2-4 and grade 1 spondylolisthesis at L5-S1. Received 5% PPD award.
  - During pregnancy 6 yrs prior, involved in MVA sustaining whiplash injury. Settled to close the claim.



# Case #3

- Current meds include:
  - Lortab 7.5 mg 4 times daily;
  - Flexeril 10 mg 2-3 times daily (off and on);
  - Lexapro for depression;
  - Thyroid meds.
- Exam shows the following:
  - Patient overweight (BMI 32) but otherwise healthy;
  - Normal gait and posture;
  - Lower extremities exam appear normal with good strength; pulses, reflexes and sensation symmetrical;
  - Flexibility is limited by body habitus.

# Case #3 Questions and Discussion

- How does a claim adjuster view this filing?
- Does the patient “need” an MRI?
- This claim contains some “yellow flags”. What are they?
- If the Lortab and Flexeril are still being covered in the original claim is there a way to reduce or stop that coverage? What if it's Oxycontin and Valium?
- What if the adjuster discovers that the patient has been “doctor shopping?”
- If the treating physician thinks the patient needs two weeks off from work and an MRI, what's a carrier to do?